

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

00051464

2 Total pages this report:

1/13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Enrique

NICKNAME LAST SUFFIX  
Kike Martin

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8327 Staton Dr.

☐

Change of Address

San Antonio TX 78224

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
LTC (Ret) Tommie

NICKNAME LAST SUFFIX  
Malone

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2202 Cypress Pearl

San Antonio TX 78232

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

( ) -

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☒ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year MONTH Day Year

03/27/0001 THROUGH 04/25/0001

10 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year ☐ Primary ☐ Runoff ☐ General ☐ Special

05/05/0001

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

RECEIVED COVER SHEET PG 2  
CITY OF SAN ANTONIO  
CITY CLERK

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

2001 APR 27 12 5:01

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$300.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$7050.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$210.66

4. TOTAL POLITICAL EXPENDITURES

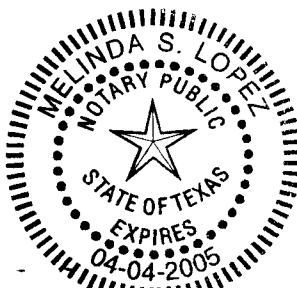
\$15,087.52

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Enrique Martin, this the 27th day of April, 20 01, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Melinda S. Lopez  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE A 1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 10:51  
Total pages this report:

3/13

<b>2 FILER NAME</b> Enrique Martin		<b>3 ACCOUNT #</b> (Ethics Commission files) 00051464	
<b>4 Date</b> 04/18/0001	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) David L. Earl, Attorney at Law  <b>6 Contributor address; City; State; Zip Code</b> 111 Soledad, Suite 1111 San Antonio TX 78205	<b>7 Amount of contribution (\$)</b> 2000.00	<b>8 In-kind contribution description (if applicable)</b>
<b>9 Principal occupation (Optional)</b>		<b>10 Employer (Optional)</b>	
<b>Date</b> 04/24/0001	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) G. Hasslocher  <b>Contributor address; City; State; Zip Code</b> 8520 Crownhill Blvd. San Antonio TX 78209	<b>Amount of contribution (\$)</b> 500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 04/18/0001	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Iron Workers ST. Cope Fund  <b>Contributor address; City; State; Zip Code</b> 1106 Lavaca St., Suite 201 Austin TX 78701	<b>Amount of contribution (\$)</b> 500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 04/09/0001	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Larry Irvin  <b>Contributor address; City; State; Zip Code</b> No. 5 Morning Downs San Antonio TX 78257	<b>Amount of contribution (\$)</b> 1500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	
<b>Date</b> 04/09/0001	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Gerald Lee  <b>Contributor address; City; State; Zip Code</b> 1226 E. Sunshine San Antonio TX 78228	<b>Amount of contribution (\$)</b> 500.00	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation (Optional)</b>		<b>Employer (Optional)</b>	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A 1**

(FOR FORMS C/OH &amp; SPAC)

 RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

2001 APR 27 4:57

 2 FILER NAME  
Enrique Martin

3 ACCOUNT # (Ethics Commission files)

00051464

4 Date  04/18/0001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) John Mackenzie ..... 6 Contributor address; City; State; Zip Code 8779 Timber Point San Antonio TX 78250	7 Amount of contribution (\$)  400.00	8 In-kind contribution description (if applicable)
--------------------------	---	---	--

9 Principal occupation (Optional)

10 Employer (Optional)

Date  04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morsh Family L.P. Partnership ..... Contributor address; City; State; Zip Code Warshaw MD	Amount of contribution (\$)  750.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

Date  04/09/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ricardo Perez ..... Contributor address; City; State; Zip Code 141 N. Grayson Alexandria VA 22304	Amount of contribution (\$)  100.00	In-kind contribution description (if applicable)
------------------------	--	---	--

Principal occupation (Optional)

Employer (Optional)

Date  04/18/0001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rich Sheldon ..... Contributor address; City; State; Zip Code 4006 Green Oak Dr. Waco TX 76710	Amount of contribution (\$)  500.00	In-kind contribution description (if applicable)
------------------------	---	---	--

Principal occupation (Optional)

Employer (Optional)

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27

Total pages: 5/13

<b>2 FILER NAME</b> Enrique Martin		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00051464	
<b>4 Date</b> 04/11/0001	<b>5 Payee name</b> Yolanda Chapa		<b>7 Amount (\$)</b> 408.00
<b>6 Payee address; City; State; Zip Code</b>  San Antonio TX			
<b>8 Purpose of expenditure</b> (See instructions regarding type of information required.) Election Support Services		<b>9 Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> 04/21/0001	<b>Payee name</b> Yolanda Chapa		<b>Amount (\$)</b> 126.06
<b>Payee address; City; State; Zip Code</b>  San Antonio TX			
<b>Purpose of expenditure</b> (See instructions regarding type of information required.) Election Support Services		<b>Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> 04/20/0001	<b>Payee name</b> Cingular Wireless		<b>Amount (\$)</b> 221.18
<b>Payee address; City; State; Zip Code</b>  San Antonio TX			
<b>Purpose of expenditure</b> (See instructions regarding type of information required.) Telephone Services		<b>Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	
<b>Date</b> 04/24/0001	<b>Payee name</b> DJ Kino Longoria		<b>Amount (\$)</b> 75.00
<b>Payee address; City; State; Zip Code</b>  San Antonio TX			
<b>Purpose of expenditure</b> (See instructions regarding type of information required.) Entertainment		<b>Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held	

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 PM 4:57  
Total pages report:  
6/13

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

**4 Date**

04/08/0001

**5 Payee name**

John Delgado

**7 Amount**

(\$)

80.00

**6 Payee address; City; State; Zip Code**

San Antonio TX

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Election Support Services

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/02/0001

**Payee name**

Elections Support Services

**Amount**

(\$)

1929.73

**Payee address; City; State; Zip Code**

TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Mailout

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/12/0001

**Payee name**

Elections Support Services

**Amount**

(\$)

1929.73

**Payee address; City; State; Zip Code**

TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Mailout

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/24/0001

**Payee name**

Elections Support Services

**Amount**

(\$)

1892.02

**Payee address; City; State; Zip Code**

TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Mailout

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

7/13 4:58

**2 FILER NAME**

Enrique Martin

2001 APR 27

3 ACCOUNT # (Ethics Commission filers)  
00051464

<b>4</b> Date 04/05/0001	<b>5</b> Payee name Flying Times ..... <b>6</b> Payee address; City; State; Zip Code  San Antonio TX	<b>7</b> Amount (\$) 306.00
-----------------------------	---	-----------------------------------

<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Advertisement	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 04/18/0001	Payee name Flying Times ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 170.00
--------------------	---	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Advertisement	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 04/14/0001	Payee name HEB ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 51.95
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 04/07/0001	Payee name Kelly Hancock Cruz ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 45.00
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 12:16:58  
Total pages Report:  
8/13

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

**4 Date**

04/24/0001

**5 Payee name**

Kelly Hancock Cruz

**7 Amount**

(\$)

50.00

**6 Payee address; City; State; Zip Code**

San Antonio TX

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Election Support Services

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/18/0001

**Payee name**

Heritage NA

**Amount**

(\$)

160.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Advertisement

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/18/0001

**Payee name**

Hispanic Broadcast

**Amount**

(\$)

2125.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Advertisement

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/20/0001

**Payee name**

Hispanic Broadcast

**Amount**

(\$)

50.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Broadcasting Fee

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**POLITICAL EXPENDITURES**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27

Page 58  
Total pages report:  
9/13

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

<b>4</b> Date 04/16/0001	<b>5</b> Payee name Eloy Laque ..... <b>6</b> Payee address; City; State; Zip Code  San Antonio TX	<b>7</b> Amount (\$) 150.00
-----------------------------	---	-----------------------------------

<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 04/03/0001	Payee name Mark Laque ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 150.00
--------------------	---	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Support Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 04/14/0001	Payee name Mark Laque ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 150.00
--------------------	---	--------------------------

Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 04/08/0001	Payee name Marina Lopez ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 30.00
--------------------	---	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

**POLITICAL EXPENDITURES****SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages reported

2001 APR 27 10:43 4:58

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

<b>4</b> Date 04/13/0001	<b>5</b> Payee name Marina Lopez ..... <b>6</b> Payee address; City; State; Zip Code  San Antonio TX	<b>7</b> Amount (\$) 30.00
-----------------------------	---	----------------------------------

<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Election Support Services	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 03/31/0001	Payee name Edward Metz ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 62.00
--------------------	--	-------------------------

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for refreshments	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 03/30/0001	Payee name Munguia Printers ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 1412.11
--------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 04/11/0001	Payee name Munguia Printers ..... Payee address; City; State; Zip Code  San Antonio TX	Amount (\$) 1412.11
--------------------	---	---------------------------

Purpose of expenditure (See instructions regarding type of information required.) Printing	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

**POLITICAL EXPENDITURES****SCHEDULE F**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 4:58  
1 Total pages report:

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

**4 Date**

04/24/0001

**5 Payee name**

Munguia Printers

**7 Amount**

(\$)

722.35

**6 Payee address; City; State; Zip Code**

San Antonio TX

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Printing

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

03/31/0001

**Payee name**

Pizza Hut

**Amount**

(\$)

84.37

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Refreshments for block walkers

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/04/0001

**Payee name**

Connie Prado

**Amount**

(\$)

75.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Administrative Support Services

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/10/0001

**Payee name**

Southside Reporter

**Amount**

(\$)

375.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Advertisement

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

Total pages report:

12/13

2001 APR 27 4:58

**2 FILER NAME**

Enrique Martin

**3 ACCOUNT #** (Ethics Commission filers)

00051464

**4 Date**

04/08/0001

**5 Payee name**

Sergio Suarez

**7 Amount**

(\$)

30.00

**6 Payee address; City; State; Zip Code**

San Antonio TX

**8 Purpose of expenditure** (See instructions regarding type of information required.)

Election Support Services

**9 Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/13/0001

**Payee name**

Sergio Suarez

**Amount**

(\$)

30.00

**Payee address; City; State; Zip Code**

San Antonio TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Election Support Services

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/05/0001

**Payee name**

U.S. Postmaster

**Amount**

(\$)

68.00

**Payee address; City; State; Zip Code**

TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Postage

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**Date**

04/17/0001

**Payee name**

U.S. Postmaster

**Amount**

(\$)

102.00

**Payee address; City; State; Zip Code**

TX

**Purpose of expenditure** (See instructions regarding type of information required.)

Postage

**Complete if direct expenditure to benefit C/OH \*\***

Candidate / Officeholder name

Office sought

Office held

**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 P 4:59  
Total pages report:  
13/13**2 FILER NAME**  
Enrique Martin**3 ACCOUNT #** (Ethics Commission filers)  
00051464**4 Date**  
04/24/0001**5 Payee name**  
Usafe Auto Rental**7 Amount**  
(\$)  
374.25**6 Payee address;** City; State; Zip Code

San Antonio TX

**8 Purpose of expenditure** (See instructions regarding type of information required.)  
Car rental - Election Support**9 Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name      Office sought      Office held